

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 1/21/04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 69990 –52, 22899, 63044 and additional reimbursement for 22830, for date of services 8/6/03.

II. RATIONALE

The services in dispute were denied as, “G – unbundling, F – fee guideline MAR reduction, and N – not appropriately documented.”

The Requestor states, in their letter dated 11/26/03, “The fee reductions are not consistent with the Texas Workers’ Compensation Commission billing at 125% of Medicare. Concerning code 69990 – 52, a fair and reasonable charge concerning the multiple procedure rule was made with no reimbursement for this code. This is an add-on code and is not considered unbundling by any reasonable source. Concerning code 22830, a fair and reasonable charge at the 125% of Medicare using the multiple procedure rule with the 50 % reduction, partial payment was received in the amount of \$447.33. Concerning code 22899 for examination under anesthesia and pain study, a fair and reasonable charge was billed with no reimbursement. This code has been previously reimbursed by multiple other Workers Compensation Carriers. It is well documented in the operative report. And code 63044 is documented as an additional level decompression. No reimbursement has been received. The operative report well indicates the multiple level decompression. This should be reimbursed according to Medicare rules, TWCC guidelines, and CPT 2003 instructions.”

The Respondents statement of position, dated 2/26/04, states, “Services rendered were denied based on fee guideline MAR reduction.” Commission Rule 134.202 (b), Medical Fee Guideline, effective 8/1/03, states that, “For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section.” To determine the maximum allowable reimbursement (MAR) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: Rule 134.202 (c) (1) states, “For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology. The conversion factor to be used for determining reimbursement in the Texas workers’ compensation system is the effective conversion factor adopted by Centers for Medicare and Medicaid Services multiplied by 125%.”

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT Code	Billed	Paid	Denial Code	MAR\$	Reference	Rationale
8/6/03	69990 -52	\$277.00	\$0.00	G	\$202.56 x 125%	Rule 134.202, MFG, CPT Descriptor	The CPT descriptor states, "Code 69990 must be used with the appropriate primary procedure" and "List separately in addition to primary code." 69990 -52 is not global. Reimbursement is recommended in the amount of \$253.20.
8/6/03	22830	\$978.00	\$447.33	F	\$715.72 x 50% x 125%	Rule 134.202, MFG, Multiple Surgery Rule	This code was reimbursed at the Maximum Allowable Reimbursement of \$447.33, per the Medicare Fee Guidelines. No additional reimbursement is recommended.
8/6/03	22899	\$250.00	\$0.00	N	DOP	Rule 133.307 (j)(F)	Review of the operative report shows code 22899 to be well documented. Rule 133.307 (j)(F) states, "If the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code §413.011 and §§133.1 and 134.1 of this title." Reimbursement is recommended in the amount of \$250.00.
8/6/03	63044	\$813.00	\$0.00	N	DOP	CPT Descriptor	The CPT descriptor states, "Code 63044 is per interspace." Based on the EOB's, two interspaces were paid. Requestor billed for 3. There are only two interspaces documented in the operative report. Therefore, reimbursement is not recommended.
TOTAL							Reimbursement recommended in the amount of \$503.20.

III. DECISION AND ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for in the amount of \$503.20. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$503.20 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision, and Order are hereby issued this 30th day of April 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division
TC/tc